TEXAS
Health and Human
Services Commission

Name and Address

Date

Case Manager

Office Address and Telephone No.

Notification of Community Based Alternatives (CBA) Services

☐ **You have been determined eligible for CBA services. Your Eligibility Date is** _____

☐ **Your services identified on the attached Individual Service Plan are effective ..... (date)** _____

☐ **You are eligible for Medicaid, beginning..... (date)** _____

☐ **You must pay ..... _____ for room and board by ..... _____**

and then pay..... _____ per month, beginning ..... _____

☐ **You must pay ..... _____ for copayment by ..... _____**

and then pay..... _____ per month, beginning ..... _____

☐ **Beginning on..... _____ ,**

your Service Plan will include the following changes: *(up to 3 lines)*

Comments: *(up to 3 lines)*

PROVIDER AUTHORIZATION:

The following providers are authorized to deliver, to the person named above, CBA services identified on the CBA Individual Service Plan.

Provider	Type	Vendor No.	Effective Date	Termination Date
Provider	Type	Vendor No.	Effective Date	Termination Date
Provider	Type	Vendor No.	Effective Date	Termination Date
Provider	Type	Vendor No.	Effective Date	Termination Date

NOTE: Providers are not authorized to provide services after the Termination Date (indicated above) or after the ISP "to" date (on Form 3671-1).

Signature–Case Manager

Date

See page 2 for a statement of your rights.

If you have any questions concerning this notice, contact the case manager shown on page 1.

YOU MAY REQUEST A HEARING TO APPEAL THE DECISION SHOWN ON PAGE ONE. You lose the right to appeal this decision 90 days from the date of this letter. If you are currently receiving services and request a hearing within 12 days from the date of this letter, you may be able to continue receiving your current service(s) until the hearing is completed. If the result of the appeal agrees with the action described on page 1, you may be asked to pay back the cost of services provided to you during the appeal period.

If you request a hearing, you may represent yourself or you may be represented by an authorized representative, a relative, a friend, or legal counsel. If you, your representative, or the hearing officer requests, your case manager may be present at the hearing.

IF YOU WANT A HEARING, please check the box at the bottom of this letter, sign your name, enter the date, and return this letter to your case manager listed on page 1. Keep the copy of this letter for your information. You may also request a hearing in person or by telephone.

IF YOU DO NOT WANT A HEARING, do not return this letter. If we have not received your hearing request within 12 days from the date of this letter, we will complete the action explained on page 1. If we have not received your request for a hearing within 90 days from the date of this letter, your right to a hearing is lost.

Whether or not you want a hearing, you may request a conference to discuss your situation with supervisory or management staff in the department. If you want a conference, contact the case manager to make the arrangements.

☐ **REQUEST FOR HEARING (Check this box ONLY IF you want a hearing.)**

I file this as my appeal and request for a hearing before an HHSC officer. I understand that if I continue receiving services and if the hearing officer decides the action taken is correct, I may be asked to pay back the cost of some or all of the services I received while this hearing was pending.

_____ _____

Signature-Client Date

If you believe you have been discriminated against because of race, color, national origin, age, sex, disability, political beliefs, or religion, you may lodge a complaint with the management staff of this agency by contacting your case manager's supervisor who will forward your claim to the Civil Rights Office and/or you may write directly to: Civil Rights Dept., Health and Human Services Commission, P.O. Box 149030, Austin, TX 78714-9030.

If you are also requesting a hearing, send this notice back to your case manager. PLEASE DO NOT send this notice to the Civil Rights Department.